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EXAMINER

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SECULIARIAN OF STATE

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT:	Mars Ho Con	Sulting Group ed Liability Company	,110
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	760 218
	Jaros 1200 Via Sipiker, E-mail address: (in	Name of Person Ho Consulting Firm/Company Address City/State and Zip Code o be used for future annual report notificed	Group Library Brail Cont
For further information	ion concerning this matter, please ca	/ ali:	
ange	/ Maro Ho	at (<u>561)</u> 707. 8 Area Code & Daytime T	
Enclosed is a check	for the following amount:		
\$25.00 Filing Fed	e \$\bigsep\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability (A Florida L	Company as it now a imited Liability Comp	ppears on our reco	IUD, LLC	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 0900/0/4</u>		n_10/20/	69 and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit Aprolfo Consulf The new name must be distinguishable and end with the word "L.L.C."	ina Group	D. LLC	nation "LLC" or the a	abbreviation
Enter new principal offices address, if applicable:			A 2	
(Principal office address MUST BE A STREET ADDR	ESS)		5 S S S S S S S S S S S S S S S S S S S	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			OV 19 AM 10: 41	
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr		on our records,	enter the name o	of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida st	reet address	
		, Flo	rida	
	City	<u></u>	Zip Code	3
New Designand Agentle Signature if shouging Designand	l Amanda			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member, being added or removed from our records</u>:

MGR = Manager

<u>e</u>	<u>Name</u>	Address	Type of Action
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			Domayia
			Add Remove
			Zedd ≥ □ Emove
			SS Dadd
If aman	iding any other information, enter o	change(s) here: (Attach additional sheets	
		nange(s) nere. (Anden daamonal sneets	
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	•		
ed	Nov. 6, 2009.	<u></u>	
	Signature/of a pr	ember or authorized representative of a mem	,

Page 2 of 2

Filing Fee: \$25.00